



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 02/22/2006

**VENABLE**  
**POST OFFICE BOX 34385**  
**WASHINGTON, DC 20005-3917**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 08/983,474      | 06/30/1998  | DAVID KLATZMANN      | 31640-134353        | 1470             |

**TITLE OF INVENTION: ALPHA-BETA C4BP-TYPE RECOMBINANT HETEROMULTIMERIC PROTEINS**

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$0             | \$1400           | 05/22/2006 |

| EXAMINER           | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| MERTZ, PREMA MARIA | 1646     | 435-069700     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Venable LLP

2 Michael A. Gollin

3 Nancy J. Axelrod

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Universite Pierre et Marie Curie (Paris VI) Paris, France  
Universite de Reims Champagne-Ardennes Reims, France

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Nancy Axelrod

Date 05/May/2006 0000000020 220261 08983474

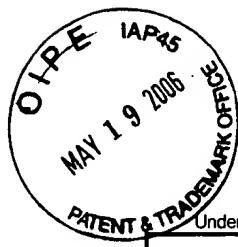
Typed or printed name Nancy J. Axelrod

01 FC:1501 44,01400.00 DA

Registration No. \_\_\_\_\_

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

|  |   |                        |                 |
|--|---|------------------------|-----------------|
|  |   | Application Number     | 08/983,474      |
|  |   | Filing Date            | June 30, 1998   |
|  |   | First Named Inventor   | David Klatzmann |
|  |   | Art Unit               | 1646            |
|  |   | Examiner Name          | Prema Mertz     |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 31640-134353    |

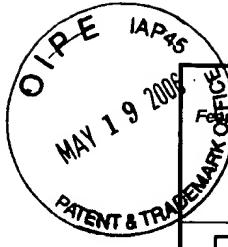
**ENCLOSURES (Check all that apply)**

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address   | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | The Attorney Docket No. on PART B – FEE(S) TRANSMITTAL was incorrect. We have corrected it from 31649-134353 to 31640-134353. Please use the correct number on the issued patent. |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                  |          |        |
|--------------|------------------|----------|--------|
| Firm Name    | VENABLE LLP      |          |        |
| Signature    |                  |          |        |
| Printed name | Nancy J. Axelrod |          |        |
| Date         | May 19, 2006     | Reg. No. | 44,014 |

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

|  |                             | <b>Complete if Known</b> |                 |
|--|-----------------------------|--------------------------|-----------------|
|  |                             | Application Number       | 08/983,474      |
|  |                             | Filing Date              | June 30, 1998   |
|  |                             | First Named Inventor     | David Klatzmann |
|  |                             | Examiner Name            | Prema Mertz     |
|  |                             | Art Unit                 | 1646            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                             |                          |                 |
| <b>TOTAL AMOUNT OF PAYMENT</b>   | <b>(\$)</b> <b>1,400.00</b> | Attorney Docket No.      | 31640-134353    |

**METHOD OF PAYMENT** (check all that apply)

|   |                                      |                                      |                               |   |
|---|--------------------------------------|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP |                                      |                                      |                               |   |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <b>Application Type</b> | <b>FILING FEES</b> |                              | <b>SEARCH FEES</b> |                              | <b>EXAMINATION FEES</b> |                              |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|
|                         | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> |
| Utility                 | 300                | 150                          | 500                | 250                          | 200                     | 100                          |
| Design                  | 200                | 100                          | 100                | 50                           | 130                     | 65                           |
| Plant                   | 200                | 100                          | 300                | 150                          | 160                     | 80                           |
| Reissue                 | 300                | 150                          | 500                | 250                          | 600                     | 300                          |
| Provisional             | 200                | 100                          | 0                  | 0                            | 0                       | 0                            |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

| <b>Fee (\$)</b> | <b>Small Entity Fee (\$)</b> |
|-----------------|------------------------------|
|-----------------|------------------------------|

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
| - 20 or HP   | x            | =        |               |

**Multiple Dependent Claims**

| Fee (\$) | Fee Paid (\$) |
|----------|---------------|
|----------|---------------|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| - 3 or HP     | x            | =        |               |

HP = highest number of total claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | /50          | (round up to a whole number) x                   | =        |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

**ISSUE FEE****\$1,400.00**

| <b>SUBMITTED BY</b> |                      |                                      |              |
|---------------------|----------------------|--------------------------------------|--------------|
| Signature           | <i>Nancy Axelrod</i> | Registration No.<br>(Attorney/Agent) | 44,014       |
| Name (Print/Type)   | Nancy J. Axelrod     | Date                                 | May 19, 2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.